Public Service Commission of Wisconsin Interexchange Carriers and Other Selected Alternative Telecommunications Utility - Other Telecommunications Provider Entities Annual Report Certification of Authorization

Name of Person Entering Report Information:	Haleh Davary
Email Address of Person Entering Report Information:	Haleh.Davary@MCI.Com
Phone Number of Person Entering Report Information:	(415)228-1072
Utility:	MCI WORLDCOM NETWORK SERVICES II
Password:	3258LWZD
Year:	2004
I further understand and acknowledge that this annual rapplicable provisions of Wis. Stat. ch. 196. Failure to fil the imposition of a penalty under Wis. Stat. § 196.66. The statutes is a forfeiture of not less than \$25 nor more to the filing date constitutes a separate and distinct violand personally identifiable information may be used for regulation. ✓ I acknowledge	e the report by the statutory filing date can result in he penalty which can be imposed by this section of a than \$5,000 for each violation. Each day subsequent ation. The filed annual report is available to the public
Continue ->	



Public Service Commission of Wisconsin (3258) - MCI WORLDCOM NETWORK SERVICES INC Interexchange Carriers and Other Selected Alternative Telecommunications Utility - Other Telecommunications Provider Entities Annual Report For Year Ending December 31, 2004

Rules for Reporting Assessable Revenue Definitions Help

۴.	-	indicates	required	d fields
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Signature

I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.

Utility Name: MCJ WORLDCOM NETWORK SERVICES INC

Person responsible for accounts: Haleh Davary

Title of person responsible for accounts: Regulatory Compliance Analyst

accounts:

Date: :3/31/2005 * (mm/dd/yyyy)

Identification

Utility Name: MCI WORLDCOM NETWORK SERVICES INC.

Street Address: 22001 Loudoun County Parkway

PO Box: PO Box Zip:

City: Ashburn * State: VA * Zip: 20147

Web Site Address: WWW.MCI.Com

Business Customers Phone: 8007499600 Example 6085551212 Ext:

Residential Customers Phone: 8004443333 Example 6085551212 Ext:

Primary Utility Contact (located at utility address)

Name: Deborah Kuhn

Title: Senior Counsel

Firm/Company: MCI WorldCom Network Services, Inc.

Office Address: 205 N. Michigan Avenue, 11th Floor

PO Box: PO Box Zip:

City: Chicago * State: IL * Zip: 60601

Fax Number: 3124705571 Example 6085551212

Phone Number: 3122603326 * Example 6085551212

Email Address: Deborah.Kuhn@MCI.Com

Officer in charge of correspondence concerning this report

Name: Haleh Davary

Title: Regulatory Compliance Analyst

Firm/Company: MCI WorldCom Network Services, Inc.

1		1
Office Address:	201 Spear Street, 9th Floor *	
PO Box:	PO Box Zip:	:
City:	San Francisco * State: CA * Zip: 94105	*
Fax Number:	4152281094 Example 6085551212	
Phone Number:	4152281072 * Example 6085551212	
Email Address:	Haleh.Davary@MCI.Com	
Contact Person for Regulatory I		
	Deborah Kuhn	
	Senior Counsel	* ·
	MCI WorldCom Network Services, Inc.	*
Office Address:	205 N. Michigan Avenue, 11th Floor *	
PO Box:	PO Box Zip:	
City:	Chicago * State: IL * Zip: 60601	*
Fax Number:	3124705571 Example 6085551212	
Phone Number:	3122603326 * Example 6085551212	
Email Address:	Deborah.Kuhn@MCI.Com	
 Less:Inbound Interstate Revenu- Line 1 (if any) Less:Current Year Write-offs of the Amount of Community of Co	Operating Revenues Previously Written off TRemainder and Telephone Relay Assessment	DEÑTIA ENTIAL DENTIA IDENTIA
Annual Report Notes (if applica	ble):	
None.		
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Please print this re	port before submitting it to the Commission. Once the report is	
	submitted you will not be able to print it.	
	on is clicked, the program will check for errors and display a message to with an error. If there are no errors, a confirmation page will appear.	1
	Print Check for Errors & Submit	